



Financial Assistance Application Process

Return this application along with your camp registration form and the following documentation: **two current pay stubs, your most recent tax return and any food or housing assistance paperwork.** Submit these documents as soon as possible for the best chance of receiving assistance. Please understand that funds are limited, based on donations received through the YMCA Partner's Campaign, and are granted on a first-come, first-serve basis. Also keep in-mind that camp fills quickly.

To apply for financial assistance:

- Complete the financial assistance application. Attach your Camp Shady Brook registration form and all back-up documentation. These items can either be hand delivered or mailed to our administrative office at 207 N. Nevada, Colorado Springs, CO 80903.
- Processing may take up to two weeks. We will notify you as soon as possible regarding your rate.
- The YMCA will send you a letter verifying whether or not your application has been approved, and the amount of assistance awarded. The letter will have a space for your signature to accept Y Assist terms. Please return the signed letter to our office as soon as possible as spaces at camp cannot be reserved until we receive it.

Many people need financial assistance at some point in their lives. Y Assist is intended to be temporary. You must reapply every year. The YMCA is a human services organization dedicated to building strong kids, families, and communities through programs that develop spirit, mind, and body. We invite you to join us as we provide opportunities for everyone to exercise the values of caring, honesty, respect, and responsibility.

Please return the completed form and camp registration to:

YMCA Camp Shady Brook
ATTN: Teresa Pinkal
207 North Nevada Ave.
Colorado Springs, CO 80903
Office: (719) 329-7266 (call with any questions)
Fax: (719) 272-7026



YMCA

We build strong kids,
strong families, strong communities.

YMCA of the Pikes Peak Region

Financial Assistance Application

The YMCA will strive to assist any individual/family who wants to participate in a program but cannot afford the fees. Anyone requesting financial assistance for a YMCA program must complete this form and attach proof of income to be reviewed. All applications will be reviewed and you will be notified by mail if you qualify for assistance.

Child's Name: _____ Age: _____ Program Location: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian's Name: _____ Home #: _____

Employer: _____ Address _____ Work # _____

Salary: _____ Hourly Wage: _____ Hour/Week: _____ Number of Dependents: _____

Marital Status: Single Married Separated Divorced Widowed

Father/Guardian's Name: _____ Home #: _____

Employer: _____ Address _____ Work # _____

Salary: _____ Hourly Wage: _____ Hour/Week: _____

Please check the program you are applying for: Before and After School Program Camp Shady Brook

Income

Expenses

Salary (s): _____

Rent/Mortgage: _____

Public Asst: _____

Food: _____

Child Support: _____

Utilities: _____

Alimony: _____

Transportation: _____

Other: (explain): _____

Child Care: _____

Medical: _____

Total Income: _____

Other: _____

Amount I can pay: _____

Total expenses: _____

(Participants are expected to pay their fair share. The YMCA will assist any individual/family who wants to participate but cannot afford the fee.)

Please list any special circumstances which you feel should be taken into consideration during the review of this application:

Please list the names and ages of any other children living with you:

Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____

Application Attestation: I certify that the information I have provided within this application is true and correct to the best of my knowledge. I give my consent to the YMCA to verify any or all of the information on this application:

Parent/Guardian Signature: _____ Date: _____

All sections must be complete and proof of income in the form of the most recent tax return and one month's pay check stubs must be attached in order to be reviewed.

For Office Use Only: Date Rec'd: _____ Amt. Awd: _____ Amt. Due: _____ Apprvd. By: _____ Date Compl: _____
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